

Tulalip Tribes of Washington



Employee Benefit Highlights Effective 11/1/2015

Benefit Summary Highlights	Important Notice: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage, medical advice or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Consult the Summary Plan Descriptions to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plans. In case of a conflict between your plan documents and this information, the plan documents will govern. The availability of a plan or program may vary by geographic service area. Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of our respective insurance companies or our broker. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. While this material is believed to be accurate as of the print date, it is subject to change. Notice of change shall be provided in accordance with applicable state and federal law. All trademarks, trade names or company names referenced herein are used for informational and identification purposes only and are the exclusive property of their respective owners. Their use is not intended to imply any relationship, endorsement, sponsorship, or affiliation by and between the trademark owners and USI.
2015 Benefits at a Glance	
Eligibility & Enrollment	
Cost of Coverage	
Medical and Vision Insurance	
Dental Insurance	
Life Insurance	
Voluntary Benefits	
Wellness Program	
Flexible Spending Accounts	

Member Service Information - Carriers				
Policy	Carrier Name	Group Number	Telephone	Website
<u>Medical and Vision</u>				
Bronze Plan	HMA (TPA)	4137	(800) 869-7093	www.accesshma.com
Gold Plan				
Platinum Plan				
<u>Dental</u>				
Copper Plan	Delta Dental of Washington	03853	(800) 554-1907	www.deltadentalwa.com
Silver Plan				
<u>Life</u>				
Life and AD&D	Principal Financial Group	1046475	(800) 245-1522	www.principal.com
<u>Spending Account(s) & Voluntary Benefits</u>				
FSA	Peoples Benefit Solutions	TT2375	(888) 428-6820	www.peoplesbenefitsolutions.com/tulalip.htm
Voluntary				

Member Service Information – Tulalip Tribes			
Location	Contacts	Telephone	Email
TTT, TGO, QCV, RX Central Benefits Cathie Langan (Manager)	Amber Paluch	(360) 716-1457	centralbenefits@tulaliptribes-nsn.gov
	Candace Maxwell	(360) 716-5015	
	Doreen Muir	(360) 716-4357	
	Tamara Brushert	(360) 716-1536	
	Cathie Langan	(360) 716-1296	
Tulalip Gaming Agency	Gilla American Horse	(360) 716-2030	gillaa@tulaliptga.org

Benefit Resource Center – Kibble & Prentice
<p>The Benefit Resource Center is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals and their primary responsibility is to assist you.</p> <p>The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm PST. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.</p> <p style="text-align: center;">Phone: 866-468-7272 Email: 4ourBRC@kpc.com Fax: 877-678-5840</p>



2015 Benefits at a glance

Medical and Vision Insurance

Tulalip Tribes offers you a choice of 3 medical PPO (Preferred Provider Organization) plans with HMA as the plan administrator.

The Bronze Plan includes a \$1,500 calendar year deductible per individual (3 times family) and 70% coverage when using an in-network provider. In addition, you have a \$25 copay (deductible waived) for a physician office visit. The vision plan includes an eye exam and a \$200 hardware limit every 2 calendar years.

The Gold Plan includes a \$500 calendar year deductible per individual (3 times family) and 90% coverage when using an in-network provider. In addition, you have a \$20 copay (deductible waived) for a physician office visit. The vision plan includes an eye exam and a \$300 hardware limit every 2 calendar years.

The Platinum Plan has no deductible and 100% coverage when using an in-network provider. In addition, you have a \$15 copay for a physician office visit.

The vision plan includes an eye exam and a \$600 hardware limit every 2 calendar years.

You have the option of staying within the preferred provider network (in-network) which helps limit your out-of-pocket expenses, or you may seek care from an out-of-network provider or facility; however you will pay more out-of-pocket if you do not stay within the network. An out-of-network provider may also "balance bill" you for charges above HMA's negotiated, contracted rates.

Dental Insurance

Delta Dental of Washington provides rich benefits with the freedom of seeing any dentist (contracted or not); however your benefits will be greater when you receive care from a Preferred Provider as they offer discounts on their usual fees. If you go to a non-participating provider, you will need to submit your claims to Delta Dental of Washington and may be balanced billed for charges above the contracted rate.

The Copper plan has a \$1,500 calendar year benefit maximum per individual for preventive, basic and major services.

The Silver plan has a \$3,000 calendar year maximum per individual for preventive, basic and major services.

In addition, you have orthodontia coverage up to a \$2,000 lifetime maximum.

Life and AD&D Insurance

Basic Life -

Tulalip Tribes provides eligible employees with basic life and AD&D insurance through Principal Financial Group.

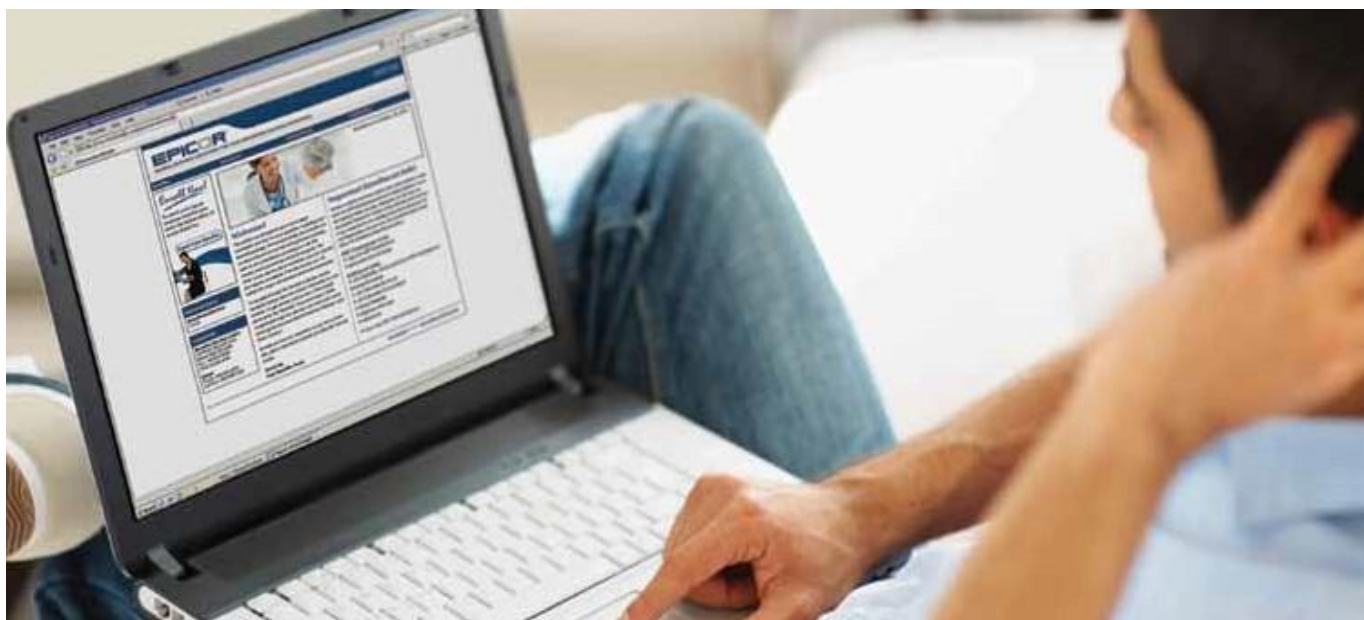
Voluntary Benefits -

You may purchase additional benefits through payroll deduction. Voluntary benefits provided include disability, accident, cancer, critical illness, term and universal life insurance.

Flexible Spending Plans

Health Care FSA – You may set aside \$2,550 pre-tax per year to pay for eligible health, dental and vision care expenses.

Dependent Care FSA – You may pay dependent care expenses of up to \$5,000 per year on a pre-tax basis.



Eligibility & Enrollment

Eligibility Rules

Employees working 30 or more hours per week are eligible to participate in the Tulalip Tribes Employee Benefits Program.

Government employees are eligible on the first of the month following date of employment. Gaming Organization employees are eligible on the first of the month following or coinciding with 60 days of employment.

You must be actively at work for your coverage to be effective on your eligibility date.

You may also enroll your eligible children up to age 26 in the medical, vision and dental plans. Your spouses and domestic partners are eligible for dental benefits.

Enrollment Is Simple

All current medical and dental elections will automatically roll over. If making any plan or enrollment changes, complete the necessary enrollment forms and submit to your Central Benefits Team by October 16, 2015.

When Can You Enroll?

You can sign up for Benefits at any of the following times:

- After completing initial eligibility period
- During the annual open enrollment period
- Within 31 days of a qualified life status change

If you do not enroll at the above times, you must wait for the next annual open enrollment period.

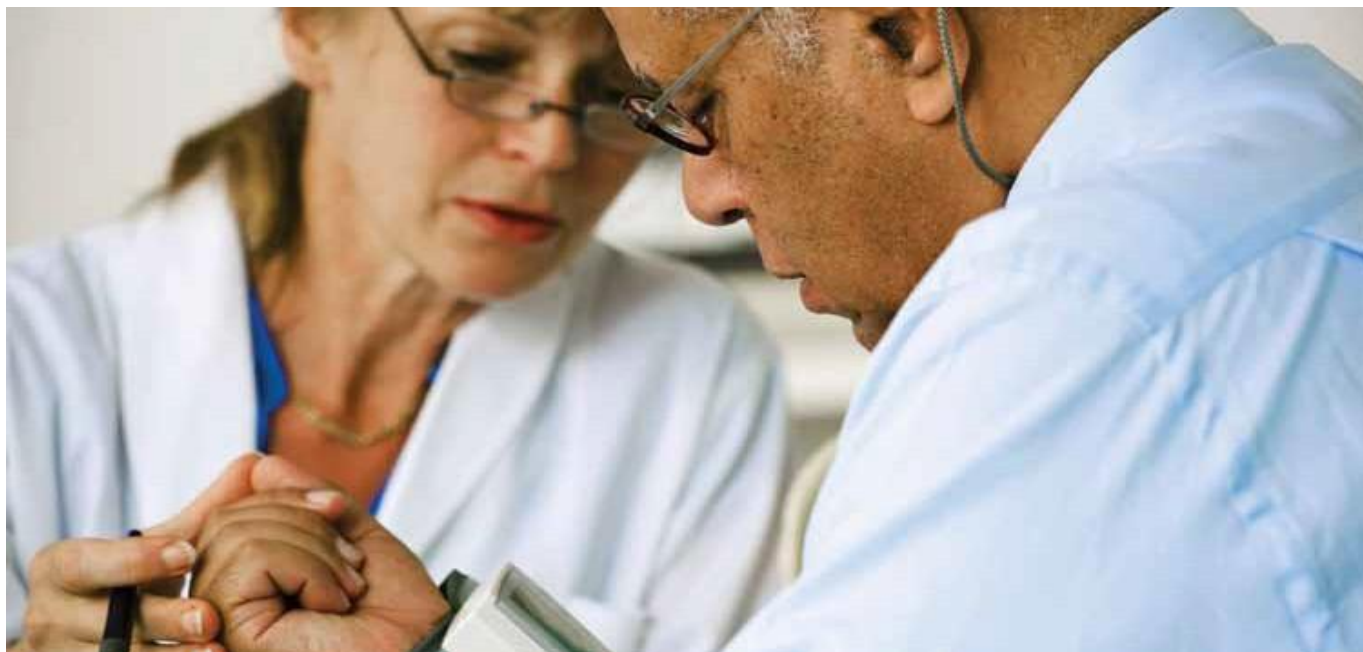
Making Changes

Generally, you can only change your benefit elections during the annual benefits enrollment period. However, you may be able to change some of your benefit elections upon the occurrence of certain change in status events, provided you properly notify your Central Benefits Team and another change is permitted under the plan terms.

Examples of these change in status events may include:

- Your marriage
- Your divorce or legal separation
- Birth or adoption of an eligible child
- Death of your covered spouse or child
- Change in your spouse's work status that affects his or her benefits
- Change in your work status that affects your benefits
- Change in residence or work site that affects your eligibility for coverage
- Change in your child's eligibility for benefits
- Receiving Qualified Medical Child Support Order (QMCSO)

If you have a qualified life status change, you must timely notify your Central Benefits Team and complete the necessary forms. For more information refer to your benefits booklet available on T-Stream and the TTW website.



Cost of Coverage: *How You Pay for Health Care Costs*

You share the cost of health care services with Tulalip Tribes and the medical plan you select. As you review the medical plan options you should consider the following types of costs:

Premium: A premium is the total cost for your medical insurance. Tulalip Tribes pays 90% of this cost. You pay your portion through pre-tax payroll deductions.

Deductible: A deductible is the amount you must pay before the medical plan begins sharing the cost of services. You pay this full amount, if required by your plan, before the plan pays benefits.

Copay: A copay is a set payment you make for a specific service

Coinsurance: When you are paying coinsurance, you are sharing a percentage of the cost of services with the medical plan. For example, in you are enrolled in the Bronze medical plan, after you satisfy your deductible, you will pay 30% for most medical care that you receive from preferred providers.

Out-of-Pocket Maximum: The annual out-of-pocket maximum protects you from major medical expenses. This is the most you would pay and includes your medical deductible, copays and coinsurance, for eligible expenses during a plan year. Once you reach the out-of-pocket maximum, the plan pays 100% of the usual, customary and reasonable charges for the balance of the calendar year. **Please note there is no out-of-pocket maximum limit for out-of-network services which means you will continue to incur expenses if you see out-of-network providers.**

Your Total Costs

Remember, the total cost you pay for health care services in a plan year is the combination of your out-of-pocket costs when you access medical care and the premium payments you are required to make for coverage.

$$\text{Premiums} + \text{Out-of-Pocket Costs} = \text{Total Cost of Health Care}$$

Depending on your personal situation, the plan with the lowest deductibles and copays may not be the best plan for you—it is important to also take into account the premium you will pay for coverage when deciding which plan is best for you and your family. If you are in generally good health, it may make more sense to enroll in the Bronze plan. This plan offers the lowest premium cost and the opportunity to save money.

Selecting Your Medical Insurance Plan

Everyone spends some money on medical care each year. If you're like most people, you can expect to visit your doctor at least once during cold and flu season. In addition, you might obtain an annual physical exam and take a few prescription drugs over the course of the year. Some people will spend a night or two in the hospital, and others will need some health care services each year, and some will need more care than others.

How do you select the right medical insurance plan? We suggest that you consider the different plan features and your own state of health before making a plan decision. And you should consider the premium contribution requirement before you enroll for a particular plan.

The plan grid below compares a number of the major features of each of our medical plans. Use this grid, in conjunction with the benefit descriptions on the following page, to make an informed plan decision.

Deductible applies to all services unless indicated as (dw) – deductible waived.

PCY = Per Calendar Year

Benefit Description (In-Network)	Bronze Plan	Gold Plan	Platinum Plan
Calendar Year deductible	\$1,500 / \$4,500 per member / family	\$500 / \$1,500 per member / family	\$0 / \$0 per member / family
Calendar year out-of-pocket maximum (includes deductible, coinsurance & copays)	\$4,000 / \$12,000 per member / family	\$3,000 / \$9,000 per member / family	\$2,500 / \$7,500 per member / family
Coinsurance (after deductible)	70%	90%	100%
Preventive Care	100% (dw)	100% (dw)	100%
Physician Office Visit	\$25 copay (dw)	\$20 copay (dw)	\$15 copay
Inpatient Hospital and Mental Health Care (pre-authorization required for Mental Health except for emergency)	\$100 /day (\$500 limit per admit), then 70%	\$100 /day (\$500 limit per admit), then 90%	\$100 /day (\$500 limit per admit), then 100%
Outpatient Hospital Care	70%	90%	100%
Outpatient Mental Health Care	\$25 copay (dw)	\$20 copay (dw)	\$15 copay
Emergency Room Services	\$350 copay, then 70%	\$350 copay, then 90%	\$200 copay, then 90%
Naturopathic Services	4 visits PCY at 75% (dw)	12 visits PCY at 75% (dw)	25 visits PCY at 75%
Alternative Services – Acupuncture, Hypnotherapy & Massage Therapy	4 visits PCY at 75% (dw)	12 visits PCY at 75% (dw)	25 visits PCY at 75%
Chiropractic Care	4 visits PCY. \$25 copay (dw)	12 visits PCY. \$20 copay (dw)	25 visits PCY. \$15 copay
Vision Exam	\$10 copay (dw); Contact Lens Exam & Fitting \$25 copay (dw)	\$10 copay (dw); Contact Lens Exam & Fitting \$25 copay (dw)	\$10 copay; Contact Lens Exam & Fitting \$25 copay
Vision Hardware (every 2 calendar years)	\$20 copay (dw), then 100% to \$200	\$20 copay (dw), then 100% to \$300	\$20 copay, then 100% to \$600
Benefit Description (Out-of-Network)	Bronze Plan	Gold Plan	Platinum Plan
Calendar Year deductible	\$3,000 / \$9,000 single / family	\$750 / \$2,250 single / family	\$250 / \$750 single / family
Calendar year out-of-pocket maximum (includes deductible, coinsurance & copays)	No Maximum Limit. Out-of-Pocket Expenses will continue to be incurred for Out-of-Network Providers		
Coinsurance (after deductible)	50%	60%	60%
Preventive Care	Not Covered	Not Covered	Not Covered
Physician Office Visit	50%	60%	60%

*Vision: Exam copay waived for children to the age of 5. Hardware maximum does not apply to children under age 19

Out of Area Benefits

In Washington, Oregon, Idaho and Utah, the HMA Preferred Network provides access to the largest network in the Pacific Northwest. The PHCS National Network, offered in all other states, provides member access to over 4,200 hospitals, 70,000 ancillary care facilities and 630,000 healthcare professionals throughout the country.

Find a provider on www.accesshma.com. Select "Members" and "Find a Provider". Select the ID card under "Find a Medical Provider". If seeking care within Washington, Oregon, Utah, or Idaho, select a county on the HMA Preferred Network block and click "Find Provider." If you are outside of these states you may select either from the "Primary Network" or "Travel Network" on the PHCS block.

Tulalip Health Clinic

If you are a Tulalip Tribal Member and Native American or Alaskan Native residing within Snohomish County and enrolled in any of the medical plans, you have access to services covered at the Tulalip Health Clinic. Please contact the clinic for details of covered services.

Prescription Drugs

Below is a brief overview of what you can expect to pay for a prescription drug, depending on which "tier" category it falls under in the Preferred Drug List for your plan when using an In-Network Pharmacy. To find out what tier applies to a specific medication, see the Preferred Drug List at www.caremark.com

Benefit	Bronze Plan		Gold Plan		Platinum Plan	
	Tulalip Pharmacy	Participating Retail	Tulalip Pharmacy	Participating Retail	Tulalip Pharmacy	Participating Retail
Generic	\$8 copay	\$15 copay	\$8 copay	\$15 copay	\$8 copay	\$15 copay
Preferred Brand	\$15 copay	\$30 copay	\$15 copay	\$30 copay	\$15 copay	\$25 copay
Non-Preferred Brand	\$30 copay	\$50 copay	\$30 copay	\$50 copay	\$15 copay	\$25 copay
Dispensing Limit	34 days*	34 days	34 days*	34 days	34 days*	34 days

*The dispensing limit at the Tulalip pharmacy is 34 days for non-maintenance drugs and 90 days at 3 copays for maintenance drugs.

If you have a maintenance drug, one you take every day, week or month, take advantage of the Caremark Mail Service. You can get a 90 day supply for 2 participating retail copays.

MANDATORY GENERICS

This plan requires the pharmacist to fill the prescription with a generic product whenever available, unless the prescription is written as "Dispense as Written". If the prescription is not specified "Dispense as Written" and the prescription is filled with a name brand prescription at the Plan participant's request, then the copay plus the difference between the cost of the generic drug and the brand name drug will be charged.

Dental

Tulalip Tribes offers a Dental PPO plan through Delta Dental of Washington. You have the ability to obtain dental care services from the dentist of your choice (contracted or not). The dental plan provides a higher level of benefit if you choose to use an Preferred in-network provider.

Please Note: It is recommended that when a course of treatment is expected to cost \$300 or more, and is of a non-emergency nature, your dentist should submit a treatment plan before he/she begins. This enables you to see what your out-of-pocket expenses will be so you are not surprised and can budget accordingly. There is also a possibility that suggested procedures may be denied, and alternative procedures approved based upon X-rays and supporting documentation.

Benefit Description	Copper Plan	Silver Plan
Calendar Year Deductible	\$0 / \$0 per member / family	\$0 / \$0 per member / family
Calendar Year Maximum	\$1,500	\$3,000
Preventive Care Services (Exams, Cleanings, X-Rays)	100%	100%
Basic Services (Fillings, Endodontics, Periodontics)	80%	80%
Major Services – Restorative (Crowns, Dentures, Bridges)	70%	70%
Major Services – Not Restorative (Implants)	50%	70%
Orthodontic Benefits (Adults and Children)	Not covered	50% to \$2,000 Lifetime Maximum

There is a 6-month waiting period for Major services. You must be enrolled in the plan for 6 months before coverage is provided for Major services incurred after the end of the waiting period.

Dental treatment for children under age 5 covered at 100% under the medical plan.

Monthly Premiums

Refer to the table below for monthly total plan costs and your monthly employee contributions as of November 1, 2015.

Medical, Rx, Vision – Bronze Plan	Total Cost	Your Contribution (monthly)	Your Contribution (per check)
Employee	\$705.64	\$0	\$0
Employee + 1 Child	\$1,129.02	\$42.34	\$21.17
Employee + Children	\$1,905.23	\$119.96	\$59.98

Medical, Rx, Vision – Gold Plan	Total Cost	Your Contribution (monthly)	Your Contribution (per check)
Employee	\$793.78	\$88.14	\$44.07
Employee + 1 Child	\$1,270.05	\$183.37	\$91.69
Employee + Children	\$2,143.22	\$357.95	\$178.98

Medical, Rx, Vision – Platinum Plan	Total Cost	Your Contribution (monthly)	Your Contribution (per check)
Employee	\$883.04	\$177.40	\$88.70
Employee + 1 Child	\$1,412.86	\$326.18	\$163.09
Employee + Children	\$2,384.21	\$598.94	\$299.47

Dental – Copper Plan	Total Cost	Your Contribution (monthly)	Your Contribution (per check)
Employee	\$43.51	\$0.00	\$0
Employee + 1 Dependents	\$87.02	\$27.00	\$13.50
Employee + 2 or more Dependents	\$140.11	\$61.00	\$30.50

Dental – Silver Plan	Total Cost	Your Contribution (monthly)	Your Contribution (per check)
Employee	\$60.08	\$16.00	\$8.00
Employee + 1 Dependents	\$119.20	\$59.00	\$29.50
Employee + 2 or more Dependents	\$188.82	\$109.00	\$54.50

Life Insurance

Basic Life and AD&D

Although we don't like to think about it, should death occur, the survivors left behind could face serious financial hardships. Your family might need an alternative source of income to pay off your bills and meet their ongoing financial responsibilities. That is the purpose of life insurance—to provide funds for those left behind.

It is also possible that an accident could cause serious injury—the loss of limbs or eyesight, for example. There is special insurance coverage which pays benefits if an accident causes loss of life, limb or sight—it is called accidental death and dismemberment (AD&D) insurance. AD&D pays an amount equal to your life insurance

benefit in the event of your accidental death. It also provides benefits for certain accidental injuries. As an eligible employee of Tulalip Tribes, you are provided with life and AD&D insurance coverage through Principal Financial Group at no cost to you.

Benefit Description	
Enrolled in the Bronze or Gold Medical Plans or waiving Medical	\$25,000
Enrolled in the Platinum Medical Plan	\$35,000
Additional Features	
Accidental Death Benefit	In the event of an accidental death, the benefit may double
Dismemberment	In the event of an accidental dismemberment, a benefit is provided up to a scheduled amount corresponding to the loss
Benefit Reduction	Benefits begin to reduce at age 70

Naming Your Beneficiary

You may name anyone you wish as your beneficiary who will receive your life and AD&D benefits in case of your death. To update or designate your beneficiary, please complete a beneficiary form.

Voluntary Insurance Benefits

Tulalip Tribes offers you have the opportunity to purchase additional benefits through payroll deduction. Voluntary benefits provided include Disability, Accident, Cancer, Term and Universal Life and Critical Illness Insurance. VPI Pet insurance and Legalshield Legal Services are available too.

An outline of the available benefits is included with your enrollment materials.

Wellness Incentive Program

Tulalip Tribes cares about the health and well-being of our employees and their families. Therefore, we have implemented a program to promote and encourage healthy lifestyles by offering an incentive toward reduction of your health insurance premium. Additional details about the 2015-2016 plan year program to follow at a later date.



Flexible Spending Accounts

One of the valuable opportunities Tulalip Tribes offers is tax savings through two Flexible Spending Accounts (FSAs). An FSA is a type of cafeteria plan authorized under Section 125 of the Internal Revenue Code. FSAs allow employees to purchase certain benefits, such as medical or dental expenses, on a pre-tax basis. When you participate in an FSA plan via salary reduction, you reduce your federal, FICA, Social Security, Medicare (and in some cases, state) taxes and increase your take-home pay. The money that is deposited into your Flexible Spending Account comes straight out of your gross pay, therefore reducing taxes. Tulalip Tribes offers two FSA accounts: a Health Care FSA and a Dependent Care FSA. By funding the Health Care FSA or the Dependent Care FSA with pre-tax dollars, you can increase your net income by lowering your taxes.

The Health Care FSA

With the Tulalip Tribes Health Care FSA you can set aside up to \$2,550 each year on a pre-tax basis to pay expenses you know you're going to have, such as medical and dental plan deductibles, copayments, vision care expenses, and other out-of-pocket health and dental care expenses. The IRS has ruled that you can set aside pre-tax dollars to pay for LASIK eye surgery and over-the-counter medications, such as aspirin, that you obtain with a physician's prescription. The dollars you contribute to your Health Care FSA are deducted from your paycheck pre-tax and are available to pay for most medically necessary health care services that are not covered by insurance.

Examples of eligible expenses for reimbursement from your Health Care FSA include: deductibles and coinsurance amounts not covered by health, dental and vision plans; over-the-counter medications obtained

with a doctor's prescription used to treat a medical problem (e.g., aspirin); copayments for birth control pills and other prescribed drugs; smoking cessation programs; immunizations; surgery to improve vision (LASIK); in vitro fertilization; orthodontic care; psychological and psychiatric care; surgery to reverse sterilization; chiropractic expenses; eyeglasses and contact lenses; routine physicals and other preventive medical care services; hearing exams and hearing aids; and prescription vitamins.

The Dependent Care FSA

With the Dependent Care FSA you can set aside up to \$5,000 each year to pay for dependent care expenses you incur in order to work (if you're married but filing separately, federal regulations limit the use of a Dependent Care FSA to \$5,000 each year). As with your Health Care FSA, you can save 25% or more on your dependent care expenses, depending on your personal tax rate. You should consult your tax advisor to determine whether the Dependent Care FSA or the dependent care deduction on IRS Form 1040 would be more advantageous for you. In order to qualify for a Dependent Care FSA, the IRS has established two regulations. The first is that an eligible dependent is any child under the age of 13 or an eligible dependent who is physically or mentally incapable of caring for his or her own needs, such as an invalid parent. The second is that if you claim the dependent care credit on your tax return or collect compensation through your Dependent Care FSA, you must report the name, address, and taxpayer identification number of each dependent care provider. If you do not comply, you will either lose the credit or pay taxes on the income placed in your Dependent Care FSA.

The Important "Use It or Lose It" Rule

Because of the tax-advantaged way that both the Health Care FSA and Dependent Care FSA operate, the IRS has established strict guidelines for how these plans may be used. One of these guidelines is known as the "use it or lose it" rule. This rule states that if you contribute your pre-tax dollars to an FSA and then do not use all of the dollars you deposit, you will lose any remaining balance in the account at the end of the plan year. For this reason, it is essential that you plan ahead before deciding how much to contribute to your two FSA accounts and that you put in only those dollars you are confident you will use.